ADVANCED STUDY INSTITUTE
April 28-29, 2005

Stigma and the Dynamics of Social Integration

There is increasing recognition that social stigma is a major contributor to the course and outcome of psychiatric disorders as well as contributing to the personal impact of other forms of chronic illness. Initial hopes that 'biologizing' psychiatric disorders would alleviate stigma have not been borne out. Indeed, the meaning and social consequences of biological, psychological and other forms of causal explanations vary markedly across cultures. This conference brings together an international group of experts to rethink psychiatric stigma and social integration in the context of cross-national differences in culture and social structure. Sessions will address a wide range of topics including: (1) cross-national comparative studies of stigma in mental illness; (2) the social dynamics of stigma and exclusion associated with psychosis and medical disorders; (3) interactions of racism and other forms of prejudice with psychiatric stigma; and (4) novel approaches to reducing stigma and promoting social integration. In addition to invited presentations and panel discussions, there will be a poster session for new research and intervention programs. A reception will be held in the evening for faculty and participants along with a dramatic performance and discussion of the use of the arts in mental health promotion.

Guest Faculty: Sergio Aguilar-Gaxiola, Suman Fernando, Byron Good, Frederick Hickling, Sushrut Jadhav, Janis Jenkins, Miguel Jorge, Myrna Lashley, Roland Littlewood, Samuel Noh, Ross Norman, R. Thara

McGill Faculty: Ellen Corin, Jaswant Guzder, G. Eric Jarvis, Laurence J. Kirmayer, Karl Looper, Ashok Malla, Duncan Pedersen, Cécile Rousseau.

Dates: April 28 & 29, 2005 (12 hours) Th, F ▶ 09h00-17h30

Reception, Poster Session & Performance: April 28, Th ▶ 17h30-20h00

Location: Institute of Community and Family Psychiatry,
            4333 Côte Ste-Catherine Road, Montreal (Quebec)

Stigma and the Dynamics of Social Integration

Program

Thursday, April 28

Session 1. Cross-National Studies of the Stigma of Mental Illness

9:00-09:30 Introduction – L. Kirmayer & D. Pedersen

9:30-10:15 A Cross-National Study of the Stigmatisation of Severe Psychiatric Illness:
I. Methodological Considerations – R. Littlewood

10:15-10:45 A Cross-National Study of the Stigmatisation of Severe Psychiatric Illness:
II. A Preliminary Analysis of Results – S. Jadhav

10:45-11:00 *Break*

11:00-11:45 The Stigma of Psychiatric Disorders: An Anthropological Perspective – B. Good

11:45-12:30 Panel Discussion: Good, Jorge, Jadhav, Littlewood, Malla (Kirmayer, Chair)

12:30-2:00 *Lunch Break*

Session 2. The Social Dynamics of Stigma and Exclusion

2:00-2:30 Stigma and the Use of Services in a Longitudinal Sample of Severely Mentally Ill
Mexican Americans: Preliminary Findings – S. Aguilar-Gaxiola

2:30-3:00 Stigma of Schizophrenia in India: A Medical and Social Challenge – R. Thara

3:00-3:30 Culture and Social Stigma in the 21st Century: The Unresolved Problem of the
Psychoses as a Problem of Human Life – J. Jenkins

3:30-4:00 *Break*

4:00-4:30 Stigma of Non-Psychiatric Medical Conditions – K. Looper

4:30-5:30 Panel Discussion: Aguilar-Gaxiola, Jenkins, Looper, Thara (Pedersen, Chair)

5:30-6:30 **Poster Session & Reception**

6:30-8:00 Psychohistoriography: A Dramatic Performance (F. Hickling)
Panel Discussion: Uses of the Arts to Address Stigma and Social Integration
(Hickling, Guzder, Snow)

Friday, April 29

Session 3. Interactions of Racism and Discrimination with Psychiatric Stigma

9:00-9:30   Stigma, Racism and Power – S. Fernando

9:30-10:00   Emotional and Cognitive Processes of Perceived Discrimination:
               A Preliminary Investigation in Asian Immigrants in Toronto – S. Noh

10:00-10:30   Pathways to the Urgent Assessment and Treatment of Psychosis: The Role of
               Afro-Canadian Status – G. Eric Jarvis

10:30-11:00   *Break*

11:00-11:30   Stigma, Racial Profiling, and the Police Response to the Mentally Ill – M. Lashley

11:30-12:30   Panel Discussion: Fernando, Jarvis, Lashley, Noh (Guzder, Chair)

12:30–2:00   *Lunch Break*

Session 4. Novel Approaches to Stigma Reduction and Social Integration.

2:00-2:30   What Have Been the Impacts of Anti-Stigma Campaigns? – R.M.G. Norman

2:30-3:00   The Use of Postcolonial Social Psychotherapy to Challenge the Stigma of Mental
               Illness in Jamaica – F. Hickling

3:00-3:30   From Political Correctness to the Awareness of the Other –
               C. Rousseau & E. Corin

3:30-4:30   Panel Discussion: Corin, Hickling, Norman (Rousseau, Chair)

4:30-5:00   Conclusion – L. Kirmayer

Abstracts

A Cross-National Study of the Stigmatisation of Severe Psychiatric Illness: I. Methodological Considerations – Roland Littlewood, *University College London*

Despite their potential significance for public policy and health provision in different societies, popular conceptualisations of severe psychiatric illness, and the social response to it, remain relatively unexamined. Two general research procedures may be identified - the anthropological and the sociological. The first uses ethnographic methods to look at explicit categorisations; the second employs a quantitative approach to examine the public 'stigma' of psychiatric illness. The development of a questionnaire to examine 'stigmatisation' from data in different cultures illustrates the difficulties of cross-cultural comparability of meaning of any social phenomenon. It is argued that while even the distinction between concepts and attitudes is not always valid, at certain levels of generality, practical cross-cultural comparisons can nevertheless be made.

A Cross-National Study of the Stigmatisation of Severe Psychiatric Illness: II. Preliminary Analysis of Results – Sushrut Jadhav, *University College London.*

The ethnographically derived SQ was administered to 1896 non-affected respondents across 12 nations and 14 centres. The aim was to elicit community response to severe mental illness across these nations, to detail r espondent characteristics and aggregate figures for the potentially 24 stigmatising variables, and finally, to compare respondents between low and high income nations. Results for the pooled set of 1896 respondents revealed a broad diffuse stress model that places greater emphasis on social and psychological influences and less on hereditary causes. Comparison between respondents from low and high income nations suggest the former placed a significant emphasis on: role of doctors, value of medicine and long stay in hospitals for treatment and recovery; favoured non-disclosure of illness, resisted hereditary causes, and imparted a more favourable prognosis with high expectation for recovery. Respondents from the high income nation group seemed less confident of the role of medicine and long stay hospitals, attributed a hereditary explanation, and predicted a poorer outcome regardless of medical and social care. Both groups shared the view that sympathetic family and friends would influence recovery. Additionally, both groups did not favour the mentally ill subject's participation at work, did not express being frightened of the subject described in the SQ vignette, nor that his condition might confer special powers. More significantly, respondents from both groups seemed unhappy over establishing kinship ties through marriage. Despite the fact that there have been no large scale cross-national studies to allow for a meaningful comparison, the authors suggest these tentative results are at odds with existing literature on stigma, and re-examine the role of cultural factors in the prognosis for severe mental illness. The results from this study also highlight crucial problems with current international psycho-educational programmes.

The Stigma of Psychiatric Disorders: An Anthropological Perspective – Byron J. Good, *Harvard Medical School*

Stigma is widely understood as a form of social response to particular types or categories of persons, rooted in distinctive psychological, social and cultural processes. Despite decades of writing on the topic, however, a serious understanding of the relation between civilizational and cultural formations and these modes of social response remains remarkably absent. "Stigma" has become such a routine part of the language of psychiatry and the sociology of mental illness that it

often obscures more fundamental understandings, at times allowing those who manage health care systems to blame the public – including patients and their families – for what are in reality failures of the mental health system. My discussion will first remind the audience of some aspects of the history of major mental illness, particularly of schizophrenia. I will argue that schizophrenia is deeply embedded in theories of degeneracy, and that this cannot be understood without exploring the fundamental links between psychiatry and colonialism. Second, I will review the most important current writing on stigma, that of Bruce Link and Jo Phelan, describing the differences between their theorization and more typical social psychological theories. Third, I will draw on data from my research in Indonesia to raise questions about how anthropological research can move beyond social psychological theories. And finally, I will raise questions about the fundamental difficulties of studying stigma as a category of cross-cultural research and public health actions.

Stigma and the Use of Services in a Longitudinal Sample of Severely Mentally Ill Mexican Americans: Preliminary Findings – Sergio Aguilar-Gaxiola, *California State University Fresno*

Underutilization of mental health services by Mexican-Americans in the United States has been extensively documented in the last 30 years. The majority Mexican Americans suffering from mental disorders lack access to available health services and interventions. Recently, the Mexican-American Prevalence and Services Survey (MAPSS), a large-scale epidemiological study based on a probabilistic community-based sample in Fresno County, California identified significant unmet mental health needs of individuals of Mexican origin. Specifically, MAPSS data showed that only 28% of Mexican-Americans who met 12-month DSM-III-R criteria for one or more mental disorders received any kind of treatment. The main goal of this study is to determine the role that attitudinal variables play on the use of mental health services in a large, longitudinal mental health survey of Mexican Americans. The objectives are to examine through face-to-face, in-depth qualitative interviews the course of illness, the differential process of help-seeking, and identify the attitudinal barriers of mental service utilization for severely mentally ill (SMI) Mexican-Americans to better understand mental health disparities. We compare those that sought and received mental health services and those that did not on their mental health status, level of functionality, and attitudinal beliefs related to factors that restrict and/or enable mental health care. This study follows up on participants interviewed as part of the MAPSS study. Out of 3,012 participants that were originally interviewed in 1995 and 1996, 279 were diagnosed as severely mentally ill (SMI) using the Composite International Diagnostic Interview (CIDI) as the case-ascertainment instrument. The CIDI version utilized in the MAPSS study was culturally and linguistically tailored for use with Mexican Americans. Severe Mental Illness (SMI) was defined as any participant who met DSM-III-R diagnostic criteria for one or more mood, anxiety, and/or substance abuse disorders and severe impairment of life functioning. The present study attempted to follow up, re-contact, and re-interview only the participants who were originally diagnosed as SMI (N=279) in order to assess their current mental health status and level of functioning. Of the 279 SMIs, 122 (43.7%) were re-contacted and 111 (39.8%) were re-interviewed (51% female; 32% Spanish-speakers). This research is the first of its kind on a longitudinal mental health study of Mexican Americans. It is hoped that the results will contribute important knowledge about barriers in access to care minority research participation in longitudinal, epidemiological studies. This research was supported by NIMH Grants 1-R24-MH63292-01A1 (P.I. Aguilar-Gaxiola) and 1RO1 MH 51192-01 (PI: W. Vega).

Stigma of Schizophrenia in India – A Medical and Social Challenge — R. Thara & R. Padmavati, *Schizophrenia Research Foundation (SCARF), Chennai, India*

As in all parts of the world, stigma of schizophrenia is widespread in India, acting as a deterrent to total reintegration into society. Since 1997, SCARF has conducted a number of studies on stigma in varied population groups. In a prospectively followed up group of 90 first episode patients (the Madras Longitudinal study), stigma was associated with gender, explanatory models and treatment patterns. Women are more stigmatized and if their marriages have failed, doubly so. This was well exemplified in a qualitative interview of 75 women with schizophrenia and broken marriages. Many interesting social and cultural factors influenced stigma in these women. More recently, 152 outpatients and their caregivers were interviewed regarding stigma. While gender still continued to be a strong factor determining severity of stigma, many family members expressed the hope that stigma will soon reduce. These studies have helped us in planning our intervention programmes for our anti-stigma programme, part of the global effort of the World Psychiatric Association.

Culture and Social Stigma in the 21st Century: The Unresolved Problem of the Psychoses as a Problem of Human Life – Janis Jenkins, *Case Western University*

In this session, I address Jaspers' identification of the psychoses as a puzzle and unresolved problem of human life as such. Specifically, I will discuss the subjective experience of diverse social contexts of stigma associated with schizophrenia-related disorders. A NIMH-funded clinical ethnography of ninety persons in treatment in two community outpatient settings in a northeastern metropolitan area of the U.S. was carried out. Clinical assessment was carried out through assessment of research diagnostic criteria according to DSM-IV and severity of symptomatology through the Brief Psychiatric Rating Scale. The ethnographic analysis of stigma was obtained through an anthropologically-designed interview entitled the "Subjective Experience of Medication Interview" (SEMI) that elicits narrative data on everyday activities and medication and treatment. Extensive ethnographic field notes were also collected across a variety of clinical, public, and home settings that inform this work. Findings indicate that, in this group of persons who had experienced relatively high levels of recovery, stigma was found to be pervasive as a matter of subjective awareness in nearly every domain of daily life. In addition, there was a range of strategies to struggle with disparaging and discriminatory social responses involving different subjective pathways in relation to personal agency. Overall, we have identified the pernicious and multiplex forms of stigma that make for what we have termed a paradoxical situation of "stigma *despite* recovery" and cultural and metaphysical conundrums of "recovery *without* cure."

Stigma of Non-Psychiatric Medical Conditions – Karl Looper, *McGill University*

Psychiatric disorders have consistently been found to be among the most stigmatized of medical conditions. The desire to avoid the stigma associated with psychiatric illness has been reported as a factor shaping the expression of psychosocial distress as a physical problem. Where the medical etiology of a particular physical syndrome has been questioned, advocacy groups have sought the validation of the illness through its recognition as a clearly defined medical process. We compared the levels of reported stigma in physical syndromes of unclear medical etiology to diseases of similar symptomatology but having well established medical causes. Our results support the idea that ambiguity regarding the cause of a physical syndrome or symptoms and the attribution of the illness to emotional problems contributes to the level of reported stigma. Analysis of the items of the stigma scale reveals five psychosocial and interpersonal factors. This presentation will address the characteristics and consequences of stigma in non-psychiatric medical conditions.

Stigma, Racism and Power – Suman Fernando, *University of Kent*

Institutional racism has been implicated in the production of 'racial inequalities' in mental health provision in the UK, reflected in findings such as the over-representation of black people among those diagnosed as 'schizophrenic', compulsorily detained in psychiatric hospitals etc. There has been interest recently in the UK in addressing these problems and also in counteracting psychiatric stigma. This paper will explore the connections between psychiatric stigma, diagnosis of people as 'schizophrenic', institutional racism in psychiatric practice, and power relations in society. The author examines the history of racism in western culture and the construction of diagnoses such as 'schizophrenia' to suggest that (a) stigma is inherent in the use of some diagnoses in order to enable psychiatry to function in a context where society calls on psychiatry to exercise social control; and (b) racism institutionalised in psychiatric practice feeds into power exercised through psychiatric stigma.

Emotional and Cognitive Processes of Perceived Discrimination: A Preliminary Investigation in Asian Immigrants in Toronto – Samuel Noh, Violet Kaspar & K.A.S. Wickrama, *University of Toronto*

The recent surge of interest in racial disparities in health stimulated empirical investigations of the health implications of personal exposure to racial discrimination in many scientific and professional disciplines. Many mainstream scientific journals and research monographs have published special editions on these topics. Significant links between the exposure to discrimination and a range of health indicators are now well established. However, many authorities expressed needs for research to enhance the validity of the claim. Not only do we need longitudinal and experimental data to address some of the concerns on causal implications, but also the association should be framed and verified within more developed theoretical frameworks. Using survey data collected from a sample of Korean immigrants in Toronto, the present study examines a few relevant questions that had never been addressed in empirical analyses. First, so far most survey studies reporting population data employed ill health or disorders. Data on positive mental health are often reverse coded and considered as equivalent to psychological distress or disorders. In this study, we will analyze and show that perceived racial discrimination is associated with both positive affect and depressive symptoms. Second, we test models to examine whether the discrimination-health link is attributable to the exposure to overt, direct forms of discrimination, or to experiences of indirect and covert (subtle) discrimination. A possibility is that the different forms of discrimination may be associated with different health outcomes (e.g., positive affect and depressive symptoms). Third, this paper examines the role of emotional and cognitive processes that may mediate the discrimination-mental health connection. Finally, an important contribution of this paper is an examination of the spuriousness of the relationship between discrimination and health. Using acculturative stress as an instrumental variable, our analysis will demonstrate that life strain as assessed by acculturative stress is correlated with all forms of discrimination and all dimensions of mental health. These findings illustrate that parts of the association between perceived discrimination and health are indeed attributable to spurious relationships with their links to chronic life strain. The study also shows that an important part of the emotional and cognitive processes and health effects of discrimination is independent of the spurious links with life strain. Thus, the ways minority immigrants perceived how they are integrated, excluded or poorly treated in daily interactions appear to influence the level of depressive symptoms, above and beyond the strong impact of acculturative stress.

Pathways to the Urgent Assessment and Treatment of Psychosis: The Role of Afro-Canadian Status – G. Eric Jarvis, *McGill University*

Objective: To test the hypothesis that among patients admitted to the hospital with psychosis, Afro-Canadian patients (who in this population are mostly immigrants from the Caribbean and Africa) are more likely to have been brought to emergency services by police or ambulance than Euro-Canadian or Asian Canadian patients. *Methods:* Data on psychotic patients admitted to Psychiatry in 1999 were extracted from records of a general hospital in Montreal. Logistic regression models examined the relationship between being Afro-Canadian and police or ambulance referral controlling for age, gender, marital status and number of psychotic symptoms. *Results:* Of the 351 subjects with psychosis 59.0% (N=207) were European Canadian, 10.5% (N=37) were Afro-Canadian, and 17.7% (N=62) were Asian Canadian. Being Afro-Canadian was independently and positively associated with police or ambulance referral to emergency services (p=.01). *Conclusions:* Afro-Canadians are over-represented in police and ambulance referrals of psychotic patients to emergency psychiatric services.

What Have Been the Impacts of Anti-Stigma Campaigns? – Ross M. G. Norman, *University of Western Ontario*

The deleterious effects of stigma on the treatment of and recovery from mental illness is now generally accepted. There have also been many investigations of the potential importance of various belief structures in determining reactions to the mentally ill. There have, however, been comparatively few studies which attempt to systematically evaluate the impact of anti-stigma interventions. This paper will present a review of the persuasive approaches to that have been used in efforts to improve attitudes and behaviour with respect to those with mental illness and to summarize evidence with respect to their effectiveness. These approaches have typically emphasized changing underlying beliefs about mental illness and/or using contact with individuals with mental illness as method of reducing stigmatization. While several of these interventions have been found to change verbal attitudes towards those with mental illness, there is less evidence that they bring about change in social behaviour with respect to those with mental illness. The implications of these finding for our understanding of the social and psychological influences on attitudes and behaviour towards the mentally ill will be discussed.

The Use of Postcolonial Social Psychotherapy to Challenge the Stigma of Mental Illness in Jamaica - Frederick W. Hickling, *University of the West Indies*

The systematic and creative use of the science of social psychiatry to transform the myths, superstitions, stigma and attitudes to mental illness in the postcolonial Caribbean nation of Jamaica is described. Three *psychosocial community mental health stimulators* devised in the 1970's and their syncretic fusion with the print and audio-visual media as the catalyst for attitude change is presented for consideration. Examples of the 1032 calls and 801 letters engaged by psychiatrists in a weekly 45-minute live *radio psychiatry program* between 1975 and 1981 are reported and the psychosocial responses of the community to this intervention discussed. A five-staged process called *sociodrama* as a technique of cultural therapy developed in the Bellevue Mental Hospital in the period 1977 – 1982 is described as a technique that produced four annual pageants depicting the history of madness in Jamaica. Performed by the patients and staff of the mental hospital, the 43 performances of these pageants had a profound effect on the audiences of 20,000 Jamaicans island wide. Most of the performances of the sociodrama occurred during the annual *open week activities* at the mental hospital, during which 10,000 members of the public over four years

participated in guided tours and in the cultural therapy activities of the mental hospital. The form and content of the 80 newspaper articles published in the local newspapers in the period 1972-82 is analyzed and presented, to illustrate the effect of these premeditative community stimulators on the collective consciousness of the nation through the active involvement of the communications media.

From Political Correctness to the Awareness of the Other – Cécile Rousseau & Ellen Corin, *McGill University*

In Canadian society, political correctness structures largely both the discourse against the stigma of mental illness and the discourse against racism. On one hand, this constitutes a strong recognition of the harm and exclusion associated with these phenomena, on the other hand, because it tends to enclose the other into a monolithic identity of potential victim and because it transforms discrimination manifestations toward more subtle forms of expression, it may perpetuate or even aggravate the exclusion. In this presentation, we will argue that stigma and racism result partially from a simplified perception of the other, and that complexifying the perception of the other is one of the keys to overcoming them. Taking examples in the field of youth mental health and of psychosis, we will present different experiences of intervention and of training were an increased awareness, both of the complex other and of the inner multiplicity, and ambiguity can successfully address the issue of stigma and racism.

Poster Session

The Experience of the Canadian Centre for Victims of Torture (CCVT): Community Approaches to Working with Trauma – L. Andermann, L.[1,2], M. Ahmed,[1] Dremetsikas, [1] R. Meier, [1,2] D. Payne, [1] & D. Stein, [1,2], *Canadian Centre for Victims of Torture (Toronto) [1] and Department of Psychiatry, University of Toronto[2]*

The assessment and treatment of survivors of torture requires a comprehensive approach. The concept of psychosocial trauma is reviewed, followed by the model of treatment promoted by the Canadian Centre for Victims of Torture (CCVT) in Toronto, a non-profit, registered charitable organization incorporated in 1983 which provides an integrative model for helping clients in all aspects of their adjustment to a new life in Canada. CCVT helps with settlement issues, including housing and legal documentation required for immigration, as well as ESL and volunteer befriending programs, all part of their philosophy which stresses the importance of building support networks. In the past year, CCVT has assisted over 1150 clients from 87 countries. The CCVT provides the link between the survivor of torture and a network of professional services which includes doctors, lawyers, social service workers and volunteers as well as crisis intervention, counseling, the Children's Program and Art Therapy. Psychiatric consultation is sought as needed through their medical network. This may also include the preparation of medicolegal reports for refugee board hearings, as well as psychiatric assessment and treatment, using both psychotherapy and medications. This is a descriptive report of the only community organization in Toronto dedicated to working with survivors of torture, and one of only few centres in Canada active in this area. Understanding social and cultural identity is an important feature of working with such a multicultural population. Advocacy for survivors of torture is another important area of intervention.

Erotism, Nubility and Body Mutilation: The Political and Moral Dilemmas of the Pseudo Non-Imposed Sterilisation of People Labeled Mentally Disabled - Michel Desjardins, *University of Saskatchewan*

This research explores the parents' point of view about the sexuality of their adolescent or young adult child labeled mentally disabled. Fifteen parents were interviewed three times using three data collection techniques: life history, prospective narrative and semi-structured interview. Contrary to what is commonly stated in the literature, the parents support their child's sexual blossoming, as long as she/he renounces reproduction and accept sterilization. This research questions, on one side, the meaning and the functions of this radical condition, and on the other side, its impact on these people's, parents and child, moral experience and self-perception. First, it shows that once sterilized, the child is considered to be mature and complete, nubile, ready for mating or for marriage, her/his sexuality having been adjusted to its real measure, miniature, that is, the scale to which disabled persons are confined within democratic societies.

"Rear Echelon Mother F****s": The Impact of Stigma on Gulf War Syndrome –** Susie Kilshaw, *University College London*

A study of stigma is essential to understanding Gulf War Syndrome (GWS), for the illness itself can be seen as arising out of sufferers experiencing the dishonour of the incompatibility with a masculine warrior ideal. Narratives of GWS sufferers and advocates are analysed to uncover the social dynamics of stigma and exclusion and the way in which they construct and mould the illness. Central to veterans' accounts are the way in which they failed to live up to military masculinity. Most veterans did not have combat roles in the war and were often derided for having what were considered more feminine jobs of nurses, chefs, and theatre technicians. Veterans commonly

described not being fit enough and not fulfilling the warrior ideal of fitness, strength, rationality and ability to cope in the face or hardship. GWS can be interpreted as a somatic expression of unmanning and redundancy and it is argued that it was the stigma directed at veterans that led to the emergence of GWS. The way social stigma in a structured and symbolic society, like the military, can actually lead to the construction of the illness is investigated. Furthermore, GWS sufferers continue to be stigmatised by institutions such as biomedicine and the MoD as they do not conform to expected illness models. One of the main themes of GWS narratives is the dismissal of psychiatric explanations for their illness; veterans avoid the stigma associated with mental illness and what they (and the military) see as psychological weakness. Thus, stigma is central to understanding the emergence and development of this illness, but it also continues to impact the sufferers. It is the social dynamics of stigma and its resulting stigma that continues to form this illness. Veterans, as a result of their social exclusion, from illness movements and create identities that forge a new arena for themselves.

Stigma Associated with Mental Health Treatment Seeking - Ruth Klap, Cathy Sherbourne, Jeanne Miranda, *UCLA*

The Surgeon General's Report on Mental Health suggests that a major factor in the under-use of mental health services may be stigma associated with care-seeking, which may come from internal perceptions of being devalued and marginalized or ear of discrimination arising from external sources, such as health insurers or employers.

Method: We use nationally-representative data from healthcare for communities to examine concerns about disclosing mental health treatment to friends, employers or health insurers. *Results*: Individuals are more concerned about disclosure of mental health care to employers and insurers than to friends. No concern was reported by 19% about employers, 16% about insurers, and 53% about friends. Mean level of concern (on a 4-point scale) was 2.9 for job and insurance and 1.9 for friends. *Conclusions*: Policy initiatives to decrease stigma associated with seeking mental health care should work towards eliminating discrimination in the workplace and health insurance arenas.

Discrimination, Social Support and Mental Health Among Refugees - Farah N. Mawani, Laura Simich, Ardo Noor, Fei Wu, *University of Toronto*

This presentation explores the relationships between discrimination, social support and mental health, using data from the qualitative research project, Multicultural Meanings of Social Support Among Immigrants and Refugees. The project, based in Toronto, Edmonton and Vancouver, was conducted in three phases. This presentation will focus on Phase 2 interviews conducted with Somali refugees in Toronto. Somali refugees face resettlement challenges obtaining adequate housing, education and employment. They experience interpersonal and institutional discrimination as obstacles exacerbating those challenges and a lack of appropriate social support to assist them. They perceive explicit links between their experience of discrimination, a lack of support and their mental health. For refugees, a key component of formal social support is the removal of barriers to enable them to be self-sufficient in meeting their resettlement needs. In addition, the provision of emotional support may protect refugees from the mental health impacts of discrimination.

Mental Health For All - Raymond Chung, Angela Tse, *Hong Fook Mental Health Association*

In combating stigma, the community mental health programs provided by Hong Fook Mental Health Association adopts an "Empowerment" and "Capacity Building" framework. The underlying belief is that individuals and communities have strengths and resources that we can build on in promoting mental health., and that cultural experience plays an important role in how we define mental health and mental illness. As part of the process in addressing stigma and social integration issues, we believe in the significance of providing a mutually supportive environment which facilitates opportunities to acquire increased knowledge of mental health and to interact with those with mental illnesses, as well as encouraging community participation in addressing social inequity.

Based on the above underlying framework and beliefs, Hong Fook has developed our Prevention & Promotion Program with the following components in addressing the stigma issues and promoting mental health:

1. Peer Leadership Training: Through a "peer to peer " learning model and empowerment approach, we provide women in our target communities (Cambodian, Chinese, Korean and Vietnamese) with training in a mutually supportive setting, as well as opportunities for community placement. We build up their capacities in becoming peer leaders in promoting mental health. As part of the process of disseminating knowledge and sustaining learning, we develop culturally appropriate training materials (peer leadership training manuals) in different languages.
2. Befriending Program: Opportunities are provided for volunteers to interact with individuals with mental health difficulties through small group activities. Volunteers are equipped with training on mental health issues. Not only does this program help removing some of the misconceptions of mental illness, it promotes a more positive attitude towards mental health & illnesses, as well as provides opportunities for consumers to integrate into the community at large.
3. Mass Media Campaign: In line with our capacity building principles, volunteers and peer leaders act as "health ambassadors" in mental health promotion through mass media.

The above are some highlights of the various programs offered by Hong Fook. We believe that by working hand in hand with the community, we can work towards "Mental Health For All".

Faculty

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